



# PRESCRIPTION NATION **2016**

ADDRESSING  
AMERICA'S  
**DRUG  
EPIDEMIC**

## A ROADMAP FOR **STRENGTHENING LAWS & REGULATIONS**

### **FAILING**

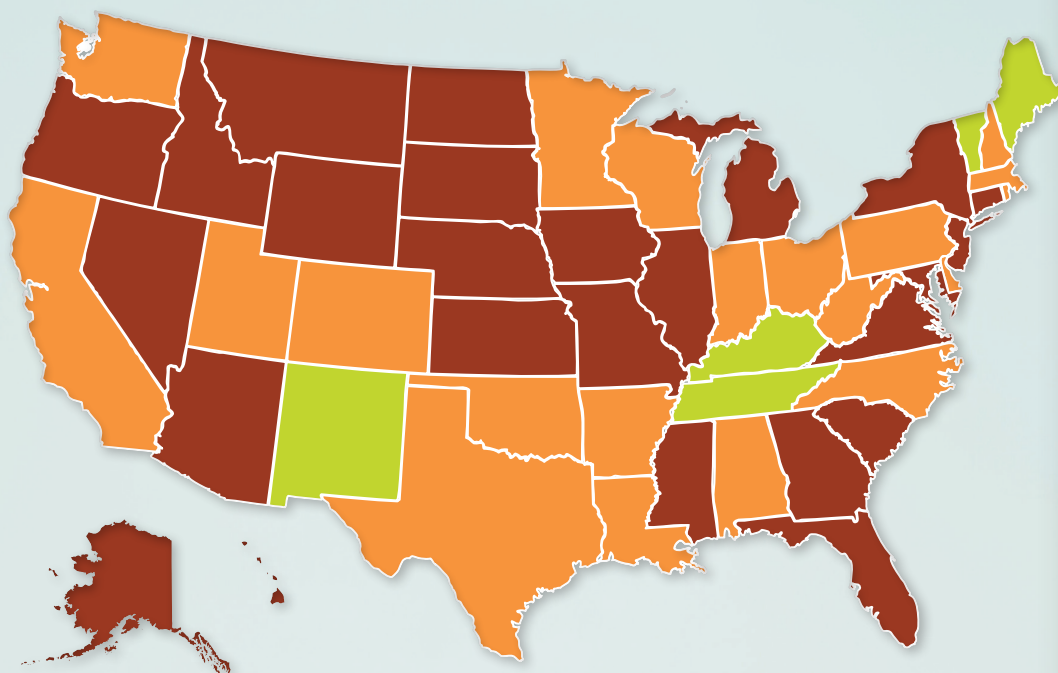
STATE MEETS FEWER THAN  
TWO INDICATORS

### **LAGGING BEHIND**

STATE MEETS **THREE**  
TO **FOUR** INDICATORS

### **MAKING PROGRESS**

STATE MEETS **FIVE** TO  
**SIX** INDICATORS



**26**  
STATES

ARE FAILING

**46**  
STATES

IMPROVEMENT NEEDED

**5**  
STATES

"MAKING PROGRESS"

States were evaluated on each of these indicators which are critical to effectively and comprehensively fighting this growing epidemic.

1. State requires medical education for prescribers on pain management
2. State or state medical board has issued an opioid prescribing guideline
3. State has a law or laws that regulate pain clinics or pain management services
4. State Prescription Drug Monitoring Program allows prescriber and dispenser delegates
5. State allows a standing order for naloxone
6. State has sufficient buprenorphine treatment capacity to treat residents with opioid dependence

# TRACKING STATE **PROGRESS**



STATE	REQUIRES MANDATORY PRESCRIBER EDUCATION	ADOPTS OPIOID PRESCRIBING GUIDELINES	ELIMINATES PILL MILLS	ALLOWS PHYSICIAN DELEGATES TO ACCESS PDMPs	ALLOWS NALOXONE STANDING ORDER	MEETS NEED FOR OUD TREATMENT
Alabama		✓	✓	✓	✓	
Alaska					✓	
Arizona		✓		✓		
Arkansas		✓		✓	✓	
California	✓	✓		✓	✓	
Colorado		✓		✓	✓	
Connecticut	✓			✓		
Delaware	✓			✓	✓	
District of Columbia				✓		
Florida			✓		✓	
Georgia			✓		✓	
Hawaii		✓				
Idaho				✓		
Illinois				✓	✓	
Indiana		✓	✓	✓	✓	
Iowa	✓			✓		
Kansas				✓		
Kentucky	✓	✓	✓	✓	✓	
Louisiana			✓	✓	✓	
Maine	✓	✓		✓	✓	✓
Maryland				✓	✓	
Massachusetts	✓	✓		✓		
Michigan						
Minnesota		✓		✓	✓	
Mississippi			✓		✓	
Missouri						

State ranking were based on best available data at time of publication.

Green checkmarks show state progress as of July, 2016.

# TRACKING STATE **PROGRESS**



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Montana				✓		
Nebraska						
Nevada	✓				✓	
New Hampshire	✓	✓		✓	✓	
New Jersey				✓	✓	
New Mexico	✓	✓		✓	✓	✓
New York				✓	✓	
North Carolina	✓	✓		✓	✓	
North Dakota				✓	✓	
Ohio		✓	✓	✓	✓	
Oklahoma		✓		✓	✓	
Oregon	✓			✓		
Pennsylvania		✓		✓	✓	
Rhode Island	✓	✓		✓	✓	
South Carolina	✓			✓		
South Dakota				✓	✓	
Tennessee	✓	✓	✓	✓	✓	
Texas			✓	✓	✓	
Utah		✓		✓	✓	
Vermont	✓	✓		✓	✓	✓
Virginia				✓	✓	
Washington		✓		✓	✓	
West Virginia	✓	✓	✓	✓		
Wisconsin	✓		✓	✓	✓	
Wyoming				✓		

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Green checkmarks show state progress as of July, 2016.

# NSC **RECOMMENDATIONS**



NSC believes that if the following recommendations are implemented by state leaders, we can begin to reverse this epidemic and save lives.

1. Establish state requirements for medical education on effective pain management
2. Require CME for prescribers who apply for a new or renewed registration under the Controlled Substances Act of 1970. CME should be pertinent to the classes of controlled substances prescribed by the provider. The proposed CME should include the following topics:
  - ✓ Relative efficacy and risks of medications used to treat acute and chronic pain
  - ✓ Responsible prescribing, including the use of tools such as state Prescription Drug Monitoring Programs (PDMPs)
  - ✓ Linkage to treatment for those with addiction
3. Adopt state opioid prescribing guideline. At a minimum, the guideline should address:
  - ✓ When initiation of opioid treatment is appropriate, provide guidance on maximum dose and duration of opioid treatment
  - ✓ Monitor treatment to ensure patient safety
4. Develop or strengthen state policy that stops the establishment and/or operation of pill mills that function outside prescribing standards for licensed, qualified physicians and whose primary treatment is prescribing opioids. State policy should include requirements for acceptable standards of medical care including:
  - ✓ Following prescribing guideline in accordance with standards established by state licensing authorities and prevailing best practice standards
  - ✓ Defining ownership requirements to ensure that clinic owners can be held accountable by state licensing authorities
  - ✓ Restricting the distribution of controlled substances
  - ✓ Requiring use of state prescription drug monitoring programs by pain clinics
  - ✓ Requiring an appropriate medical evaluation including adequate patient history and physical examination
  - ✓ Conducting an appropriate risk assessment at each visit
5. Make PDMPs easy to use:
  - ✓ Require the collection of prescription data within 24 hours
  - ✓ Simplify the PDMP registration process, integrating and automating when possible with other medical professional licensing processes
  - ✓ Improve reporting response times and facilitate data transfer into clinical workflows
6. Improve reporting of drugs involved in drug overdose fatalities:
  - ✓ Encourage medical examiners and coroners to screen for fentanyl for suspected opioid overdose cases
7. Expand access to naloxone and remove barriers to its purchase and use
  - ✓ Require coroners and medical examiners use SAMHSA consensus recommendations to report opioid-related deaths
  - ✓ Enact laws allowing standing orders for naloxone
  - ✓ Require insurers, and other relevant payers to ensure that naloxone is covered by insurance plans, including public plans
  - ✓ Enact laws to enact "Good Samaritan" laws to remove any barriers to seeking help for a drug overdose
8. Increase patient caseload caps for buprenorphine waived physicians
9. Allow advanced practice nurses to obtain waiver to prescribe buprenorphine. Expand use of medication-assisted treatment, ensure it is offered and available at state-funded treatment providers
10. Require public and private health insurers to cover medication-assisted treatment
11. Remove caps on the duration of medication-assisted treatment

Email [rxsafety@nsc.org](mailto:rxsafety@nsc.org) for more information.

[nsc.org/rxreport](https://nsc.org/rxreport)

